

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000046724 (8)

1. Corporation Name:  
ALSPACH, INC.

Principal Place of Business  
4308 POINSETTIA AVE.  
WEST PALM BEACH FL 33407

Mailing Address  
4308 POINSETTIA AVE.  
WEST PALM BEACH FL 33407-3816



3. Date Incorporated or Qualified 06/22/1994 3a. Date of Last Report 03/26/1996

2. Principal Place of Business 21 410 49th Street Suite, Apt. #, etc.	2a. Mailing Address 26 410 49th Street Suite, Apt. #, etc.	4. FEI Number 65-0501644	Applied For Not Applicable
22 City & State 23 West Palm Beach, FL	27 City & State 28 West Palm Beach, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33407	25 Country Palm Bch	29 Zip 33407	30 Country Palm Bch
9. Name and Address of Current Registered Agent ALSPACH, DEBBIE 4308 POINSETTIA AVE. W. PALM BCH. FL 33407		10. Name and Address of New Registered Agent	
		81 Name Alspach, Debbie	
		82 Street Address (P.O. Box Number is Not Acceptable) 410 49th Street	
		83 W. Palm Bch, FL	
		84 City	85 Zip Code FL 33407

ALSPACH, DEBBIE  
4308 POINSETTIA AVE.  
W. PALM BCH. FL 33407

81 Name Alspach, Debbie  
82 Street Address (P.O. Box Number is Not Acceptable)  
410 49th Street  
83 W. Palm Bch, FL  
84 City  
85 Zip Code FL 33407

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	DELETE <input type="checkbox"/>	1.1 TITLE P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME ALSPACH, ARTHUR		1.2 NAME Alspach, Arthur	
STREET ADDRESS 4308 POINSETTIA AVE.		1.3 STREET ADDRESS 410 49th Street	
CITY- ST- ZIP W. PALM BCH. FL 33407		1.4 CITY- ST- ZIP W. Palm Bch FL 33407	
TITLE SV	DELETE <input type="checkbox"/>	2.1 TITLE SV	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME ALSPACH, DEBBIE		2.2 NAME Alspach, Debbie	
STREET ADDRESS 4308 POINSETTIA AVE.		2.3 STREET ADDRESS 410 49th Street	
CITY- ST- ZIP W. PALM BCH. FL 33409		2.4 CITY- ST- ZIP West Palm Beach, FL 33407	
TITLE	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debbie Alspach* Debbie Alspach 3/2/97 5618427473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)